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The association of schizophrenia with split personality is not an ubiquitous phenomenon

Results from population studies in Russia and Germany

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Abstract A widely prevalent stereotype connected with schizophrenia is its misperception as split personality. We examine whether the popular meaning of the term schizophrenia differs in countries of different cultural imprint by conducting an international cross-cultural comparison of public associations with the word schizophrenia in a Western and a Non-Western industrialized country. We analyze data from two representative population surveys in Novosibirsk, Russia ($n = 745$), and large German cities ($n = 952$) that used identical questions and sampling procedures. Unprompted associations with schizophrenia are compared by assigning them to a differentiated categorical system. 31.6% of respondents in Germany associated split personality with schizophrenia, compared to 2.0% in Novosibirsk. Logistic regression analysis controlling for age, gender and educational achievement demonstrated that country differences were independent of socio-demographic variables. Mention of split personality increased significantly with higher education. In Novosibirsk, associations with abnormality and unpredictability prevailed. We hypothesize on those cultural particularities in both countries that have shaped the different public understanding of the term and discuss implications for anti-stigma interventions.

Key words schizophrenia – stigma – stereotype – cross-cultural comparison – split personality

Introduction

Linking labels to undesired stereotypes has been conceptualized as a central component of the stigma process [18]. A widely prevalent stereotype connected with the diagnostic label schizophrenia is its misperception as split personality. Numerous studies provide such evidence: In a recent British survey, 40% of respondents mentioned “split personality” or “multiple personality” when asked about their understanding of the term “schizophrenia” [19], which endorsed earlier findings in Great Britain, Germany and Austria, where a split of personality consistently was the most frequent unprompted association with schizophrenia [11, 15, 20]. In a Canadian survey, 47% of respondents agreed to the statement that people with schizophrenia often suffer from split or multiple personalities [30].

The understanding of schizophrenia as split personality is troubling, since it has no actual correspondence in its psychopathology and nurtures a distorted image of the disease. An anticipation of unexpected personality changes may foster those undesired stereotypes of unpredictability and violence evidentially connected with the disease [2]. Unfortunately, the popularity of the split personality concept seems partly iatrogenic, because it corresponds to the composition of the term from the Greek ‘schizein’ (to split) and ‘phren’ (mind, soul) by Bleuler in 1911. It was introduced to replace dementia praecox chosen by Kraepelin (1892), and was soon widely adopted [13]. The public misperception of schizophrenia thus seemingly roots in the misleading psychiatric terminology itself. This is even more so in countries where an ideographic writing system and a literal translation into common language facilitate its misconception, as in Japan [16] or China [6]. However, in most countries using the Greek-derived term only a minority of the population knows Greek, hence a direct transla-

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tion of the term would have little effect on its everyday meaning. Evidence for the misconception of the original term schizophrenia as split personality has so far only been found in Western industrialized countries that share a common socio-cultural background. The split personality concept could thus be rooted in shared cultural beliefs and the popular meaning of the term schizophrenia could differ in countries of different cultural imprint.

Aim of the present study is to compare the popular meaning of schizophrenia in a western and non-western country. We analyze answers to an open ended inquiry on associations with the word “schizophrenia” that was identically employed in two representative population surveys in Germany (2001) and in the city of Novosibirsk (Russia, 2002). Open questions provide a relatively undistorted way to elicit cultural perceptions, and we expect a broad range of associations to surface. In interpreting our results, we will pay particular attention to the prevalence of the stereotype of split personality in schizophrenia in both study populations.

The two countries where this study is set up, Germany and Russia, have experienced quite different historical developments since the term schizophrenia was introduced. Our hypothesis is thus that associations with the term schizophrenia in Novosibirsk differ from those found in German cities. More specifically, we expect the notion of split personality to be less prevalent among Russians as compared to German respondents, and to be replaced by associations that mirror Russian socio-cultural history.

Methods

■ Samples

The survey in Germany took place in the spring of 2001, the survey in the Siberian city of Novosibirsk (1.4 million inhabitants) was in the summer of 2002. Both surveys used face-to-face interviews and the same sampling procedure: all individuals of the respective nationality over age 18 living in non-institutional settings were included. The sample was drawn using a three-stage random sampling procedure with sample points at the first stage, households at the second, and individuals within the target household at the third stage. Electoral wards were randomly chosen as sample points. Target households emerged according to the random route procedure: Within a sample point, a street was chosen randomly as a starting point from which the interviewer followed a set route through the area [10]. Within the target households interviewees were selected by random digits. Agreement to do the interview was deemed informed consent.

In Novosibirsk, a total of 745 interviews were conducted, reflecting a response rate of 74.5%. The survey was carried out by PreView, a Russian institute specializing in market research. A member of our research group (D.K.) trained and closely supervised interviewers on-site. In Germany a total of 5,025 interviews occurred (response rate 65.1%). For comparison with the urban population in Novosibirsk, a sub-sample of 952 individuals from cities >500,000 inhabitants was selected for this study. Respondents thus lived in 17 different German cities, and the number of interviews per city varied from 2 to 160. Interviews in Germany were

Table 1 Socio-demographic characteristics of the samples

	Novosibirsk <i>n</i> = 745 (%)	German cities <i>n</i> = 952 (%)
Men	41.1	45.3
Women	58.9	54.7
Age (years)		
18–39	36.1	47.3
40–59	31.8	30
60+	32.1	22.7
Marital status		
Married	55.8	47.1
Widowed	17.1	7.5
Divorced	11.6	10.4
Single	15.6	35.0

carried out by USUMA, Berlin, a company specializing in market, opinion and social research. Table 1 lists the socio-demographic characteristics of both samples.

■ Measure

The fully structured interview in Novosibirsk was identical to the interview in the German survey [2]. We translated the German original into Russian according to the guidelines developed by the WHO [28] using two translators who consulted each other during their work. A bilingual panel, consisting of two psychiatrists, an ethnologist, a public health specialist, a sociologist and a philologist reviewed the translation for any inconsistencies between the German original and the translation. An independent translator then translated the interview back into German. The panel compared both versions and targeted apparent differences. For monolingual review we carried out a pre-test with 30 individuals representative of the population in Novosibirsk.

During the interview respondents received an open-ended question: “What comes to your mind first when you hear the word schizophrenia?” Schizophrenia or another psychiatric diagnosis had not been previously mentioned in the interview. The interviewer noted answers verbatim; multiple responses were possible. We included all answers into our analysis in order to elicit an as detailed picture as possible.

■ Data coding

A Russian and a German native speaker (D.K. and J.B.) performed a joint content analysis for both samples. The theoretical framework for this qualitative data analysis was Mayring’s “Qualitative content analysis”, which describes the analytical process as a “naturalistic, close-to-the-matter appraisal of the material without any distortions by presumptions of the researcher, the subject matter should be recorded in the language of the material itself” [21]. Answers were assigned to 48 categories that were inductively developed from the material. These categories were further subsumed to six main categories. While each coder analyzed material of his own native language, categories were extensively discussed between coders to produce a coding system that equally suited the German and Russian material. To test reliability, independent coders recoded 300 answers for both samples, yielding a kappa of 0.75 (Russia) and 0.86 (Germany), respectively.

Results

Six hundred and ninety six respondents in Novosibirsk (93.4%) and 778 respondents in the German cities

Table 2 Question: “What comes to your mind first when you hear the word schizophrenia?” Main categories of answers in Novosibirsk, Russia, and German cities >500,000 inhabitants

	German cities % (n)	Novosibirsk % (n)
Symptoms	53.1 (506)	32.2 (240)
Illness denominations	25.7 (245)	46.6 (347)
Other disease characteristics	14.9 (142)	23.0 (171)
Vulgar expressions	7.9 (75)	17.9 (133)
Attributes	7.5 (71)	44.2 (329)
Personal reactions	1.4 (13)	9.4 (70)

Table 3 Associations with “schizophrenia”—symptoms

	German cities % (n)	Novosibirsk % (n)
Split personality	31.6 (301)	2.0 (15)
Delusions	6.2 (59)	3.6 (27)
Anxiety	3.6 (34)	2.4 (18)
Disorder of thought	3.3 (31)	3.1 (23)
Hallucinations, perceptual disturbances	3.0 (29)	1.3 (10)
Impaired touch with reality	1.7 (16)	1.9 (14)
Disorder of activity	1.5 (14)	3.4 (25)
Impaired consciousness	2.7 (14)	—
Confusion	2.1 (20)	—
Loss of ego boundaries	2.0 (19)	—
Personality disorder	1.6 (15)	—
Disorder of behavior	—	4.6 (34)
Aggression	—	4.4 (33)
Compulsions/manias	—	3.0 (22)
Mental retardation	—	2.4 (18)
Seizures	—	2.0 (15)
Disorder of memory	—	1.2 (9)

Percentage of all respondents for the respective sample. Categories <1% are omitted

(81.7%) voiced associations with schizophrenia. As multiple answers were possible, this comprised 1,365 separately coded answers in Germany (average, 1.8/respondent) and 1,654 in Novosibirsk (2.4/respondent). Results are reported as percentages of all respondents for the respective sample.

We grouped answers into six main categories (Table 2); comparisons between both countries will occur separately for each category.

Table 3 depicts *symptoms* associated with schizophrenia. In the German sample the mention of split personality dominated the picture, being named by almost one in three respondents; it was the most frequently voiced association with schizophrenia across all categories. Respondents often referred explicitly to a split or multiple personality (17.8%), followed by a split consciousness (8.5%). Less frequently, they spoke of two faces (1.3%) or a split soul (0.7%). Other associations included a split self, living in two worlds, a split brain or split thoughts. Commenting on individual answers, respondents referred to “Dr. Jekyll and Mr. Hyde” to clarify their point, or described the splitting as “one personality gains predominance over

the other”, or “one half does not know what the other half is doing”. Some respondents mentioned additional aspects of splitting, such as contradiction, brokenness, ambivalence, or the antagonism of conscious and unconscious matters. The concept of a split personality was almost absent in Novosibirsk, where only one in 50 respondents mentioned this symptom.

In Germany, some common symptoms of schizophrenia like delusions or hallucinations were mentioned more frequently, whereas some atypical as well as stigmatizing symptoms like aggression and mental retardation did surface solely in Novosibirsk.

Regarding *illness denominations*, most respondents simply referred to illness (Novosibirsk 27.9%, Germany 6.9%) and to mental illness (Germany 7.7%) or psychiatric illness (Novosibirsk 16.8%). Less than one in 20 in both samples chose other denominations including brain disease, nervous disease, disease of the soul, or, in Novosibirsk, “problem of the head” (4.0%). Overall, a considerably larger proportion of respondents in Novosibirsk associated an illness with schizophrenia than in the German cities.

Disease characteristics included mentions of causes, treatment modalities and the course of the disease. In this rubric, “severe disease” was named most frequently in Germany (4.0%), whereas the need for immediate treatment was most often referred to in Novosibirsk (6.2%). Then both samples mentioned the notion that the disease is incurable (Germany, 2.3%; Novosibirsk, 3.5%) and needed hospitalization (Germany, 1.8%, Novosibirsk, 2.3%).

Vulgar expressions were more common in Novosibirsk than in the German cities. In Novosibirsk, derogatory terms for mentally disabled persons (5.5%) prevailed over pejorative variations of fool (4.2%), or craziness (3.6%) and the Russian equivalent to “having lost one’s marbles” (“nobody at home”, 2.6%). In Germany, craziness (2.3%) was mentioned most frequently, followed by pejorative terms for the mentally disabled (1.8%) and other deprecating terms circling around madness or lunacy.

Attributes of those suffering from schizophrenia were mentioned considerably more frequently in Novosibirsk than in the German cities (Table 4). In Russia, stigmatizing attributes like being abnormal, imbalanced, dangerous or unpredictable prevailed, although positive attributes like being ingenious or talented were also mentioned. Mentions of either being abnormal or being talented did not surface among the German sample.

Personal reactions were frequently voiced in Novosibirsk. About 3.5% of respondents expressed a personal appraisal of schizophrenia such as “this person is not human any more”, “this person is finished” or “a person like that should not be allowed to have children”. In 3.4% of respondents, schizophrenia triggered expressions of fear, while pity was mentioned by 2.8%. In Germany, personal reactions occurred rarely and comprised mainly notions of pity.

Table 4 Associations with “schizophrenia”—attributes

	German cities % (n)	Novosibirsk % (n)
Abnormal	—	21.7 (162)
Imbalanced	0.3 (3)	15.3 (114)
Dangerous	1.5 (14)	5.8 (43)
Unpredictable	1.9 (18)	5.0 (37)
Ingenious, talented, able	—	3.4 (25)
Helpless, weak-minded	0.7 (7)	2.6 (19)
Insecure	0.2 (2)	2.4 (18)
Unsteady	0.1 (1)	2.1 (16)
Having an evil eye	—	1.9 (14)
Brave, open-minded, fair	—	1.6 (12)
Absent-minded	0.6 (6)	1.1 (8)

Percentage of all respondents for the respective sample. Categories <1% are omitted

We made an explorative summarization of all categories encompassing unpredictability and dangerousness, including aggression, imbalance, changefulness, reaction with fear, mentions of criminality and loss of control. This yielded 28.2% of respondents holding such an image of schizophrenia in Novosibirsk and 4.9% in the German cities.

We conducted logistic regression analyses for the associations of schizophrenia with split personality, being unpredictable/dangerous and being abnormal in order to find out whether socio-demographic variables influence their frequency (Table 5). Since the association “abnormal” did not surface at all among German respondents, the according analysis needed to be restricted to the Russian sample. Table 5 confirms that the differences between study sites are significant for split personality (more frequent in Germany) and unpredictable/dangerous (more frequent in Novosibirsk). Education had a significant effect on naming of split personality and of abnormal, which were both more likely to be voiced by better-educated respondents. Women (in Novosibirsk) were more likely to associate being abnormal with schizophrenia. The model for split personality fits best with the data, explaining 22% of the variance for this particular association, followed by the model for unpredictable/dangerous (18%).

Discussion

As expected, reference to split personality was the single most common association occurring with almost every third respondent in the German sample. In contrast, the notion of a split personality in schizophrenia played almost no role in Novosibirsk. Instead, associations connecting schizophrenia with abnormality, dangerousness, and unpredictability were more prevalent in Novosibirsk than in German cities, where in turn stigmatizing associations and pejorative terms were comparatively less common. Associations with schizophrenia in Novosibirsk thus had a more segregating character and, since vulgar expressions and everyday-language were used more frequently, seemed to represent a stronger personal reaction to the disease. In this context the frequent association with illness or psychiatric illness, seemingly representing a more medicalized view of the condition in Novosibirsk, has to be interpreted with caution, since especially the latter term is often used pejoratively [24].

We thus found support for our hypothesis that a different cultural backgrounds at both study sites led to a different public understanding of the term schizophrenia, and that accordingly its misinterpretation as split personality is not a ubiquitous phenomenon. In the following we briefly discuss factors that possibly cause these differences in perceiving schizophrenia, looking for evidence of socio-cultural influences that shape the label’s meaning.

■ Schizophrenia in Russia

Originating in German-speaking Switzerland, the term schizophrenia was soon adopted in Russia, where Kraepelin’s and Bleuler’s works were widely perceived, and it still provides the psychiatric label for the disease in both countries [26]. In Russia, however, a broader definition of schizophrenia evolved, which aimed at a more longitudinal conceptualization of the course of the disease (in contrast to the more cross-sectional

Table 5 Associations with “schizophrenia”: split personality, unpredictable/dangerous, abnormal regressed on study site, education, age and gender

	Split personality OR	Unpredictable/dangerous OR	Abnormal ^a OR
Novosibirsk (ref.)			
German cities	22.700***	0.071***	—
8/9 years of schooling (ref.)			
10/11 years of schooling	1.859***	1.214	2.224**
12/13 years of schooling/university entry exam	3.534***	1.038	2.642**
Age (cont.)	0.995	0.994	1.001
Gender (1 = female)	1.012	0.138	1.565*
Pseudo R ²	0.22	0.18	0.02

Logistic regression analyses, odds ratios (OR). Because “abnormal” was not mentioned in German cities, the according analysis is restricted to the Novosibirsk sample

* $P < 0.05$, ** $P < 0.01$, *** $P > 0.001$

^a Novosibirsk sample only

approach in Western diagnostic manuals) and also included conditions classified in ICD-10 as personality disorder (F60.31), somatoform disorder (F45) or affective disorder with psychotic symptoms (F31.51, F32.31) [26]. More patients thus received a diagnosis of schizophrenia, possibly contributing to a less specific public image of the disease and explaining the somewhat scarcer mention of typical symptoms like hallucinations and delusions in Novosibirsk. Imprecise diagnostic criteria made the diagnosis vulnerable to political abuse. Not infrequently, political dissidents were retained in psychiatric hospitals under the diagnosis of schizophrenia [29]. In the Soviet Union all psychiatric patients were registered, which could entail serious disadvantages such as ban from work or loss of the driving license [26]. This has possibly increased the perception of threat posed by psychiatry and may have contributed to a negative connotation of all psychiatry related terms, especially schizophrenia. The association with political dissidents could, however, also account for the positive, admiring associations with schizophrenia some respondents voiced in Novosibirsk, such as “brave, open minded” or “ingenious”, that were absent in Germany.

The notion of abnormality and dangerousness prevalent in the Russian sample also corresponds to the segregating manner in which psychiatric care is still organized in today's Russia. The process of deinstitutionalization, having started in Germany (as in other Western countries) in the 1970s, is only now beginning in Russia, and is hampered by a lack of public funding for community services for mental patients [3, 22]. The number of acute inpatient beds per 100,000 in general adult psychiatry is considerably higher compared to Germany (125 vs. 40–80) [4]. In-patient care is delivered almost exclusively in large psychiatric hospitals with huge catchment areas and psychiatric dispensaries provide out-patient care [27].

Another potentially important factor influencing the public image of schizophrenia in Russia is the way mental illness and specifically schizophrenia is portrayed in the mass media. There is some evidence from expert opinion that mental health care is currently not of major media interest in Russia [4]. However, so far no objective content analyses of Russian media with regard to mental illness exist. The image of mental diseases in the media in Russia thus remains a desideratum of future research.

It is noteworthy that better education did not reduce mention of unpredictability or abnormality in Novosibirsk, but, in the case of abnormal, even increased mention of this association. It thus does not seem to be a lack of education that shapes the public understanding of schizophrenia. Instead, better-educated respondents are either more able to voice associations generally prevalent in the population, or better education fosters these associations.

■ Germany: a split concept of schizophrenia

To account for the dominating presence of the split personality concept among the German public, we explored the use of the term schizophrenia during the 20th century to pinpoint the origin of its misconception. This was facilitated by a digitalized representative corpus of 80,000 documents published in German between 1900 and 2000 that we retrieved for the terms “schizophrenia” and “schizophrenic” [5]. Our search revealed that as early as 1921 the term schizophrenia appeared in literature. An example from Hermann Hesse's “Steppenwolf” (1927) illustrates that schizophrenia was initially perceived among intellectuals as a disorder of split personality: “It is also known to you that man consists of a multitude of souls, of numerous selves. The separation of the unity of the personality into its numerous pieces passes for madness. Science has invented the name schizophrenia for it” [12]. Similar use of the term can be found by the writers Kurt Tucholsky (1927) [31], Lion Feuchtwanger (1930) [8] or Stefan Zweig (1943) [32]. This contrasts with the account in Meyer's Lexikon (1927) [23], a popular encyclopedia not mentioning a split personality but rather providing a detailed description of the pathology of the disease. Hence, although a medically correct definition of the term was available to the public, it was only weakly incorporated into an intellectual understanding of schizophrenia. The concept of a split personality in schizophrenia is thus not the result of a progressing concretization of abstract psychiatric ideas by the lay public, as has been hypothesized earlier [1]. It was instead present among intellectuals and literates just after its introduction into psychiatry, and it seems as if this parallel meaning has since disseminated into common language and partially eclipsed the originally intended significance of the term. Its subsequent metaphorical use in educated language dates back to the 1950s [25] and can be found in today's media, as analyses of newspaper stories in Germany, but also in the United States show [7, 9, 14]. It refers to absurd, paradox or contradictory issues. The frequent mention of split personality among the well educated in our sample illustrates that it is also a rather intellectual concept today. This agrees with studies finding it especially popular among university students [17] and even among medical students prior to their psychiatry courses [15]. One should remember that the literary motif of a split or multiple self is much older than the term schizophrenia, encompassing such different figures as the double-faced god Janus of roman mythology, Goethe's Faust or Stevenson's Dr. Jekyll and Mr. Hyde. It is thus not altogether surprising that the novel term schizophrenia, probably with a connotation of both madness and sophistication, was readily adopted for this motif by intellectuals and writers who well understood its original Greek meaning. It seems as if the term developed its own

second life in its literary function, fairly untouched by the realities of the illness it was originally meant to denote. With some irony, one could describe this as a schizophrenia of the term itself. Given the similar metaphorical use of schizophrenia and the popularity of the belief in split personality in other countries like Great Britain, Canada or the United States [7, 20, 30], and because linking the label schizophrenia to split personality only rarely occurred in Novosibirsk, this misunderstanding of schizophrenia may be regarded as a Western phenomenon, originating in a literary adoption of the term.

■ Cultural influences and psychiatric labels

According to the associations with the word schizophrenia elicited in our study, public understanding of schizophrenia is considerably different in two culturally distinct countries, which affirms that cultural influences are central to the significance of a psychiatric label. How relevant is this for the process of stigmatization, and could changing a label be a means to improve the situation of psychiatric patients, specifically for those suffering from schizophrenia? Concerning the label change, our study enables two different conclusions. The situation in Novosibirsk does not seem to lobby for renaming schizophrenia, because the stereotypes associated with the disease there are apparently shaped by cultural factors independent of its name. Hence, public education about course, prognosis and implications of the disease together with the reform of psychiatric care already beginning in Russia [4] are probably more in the patients' interest than a search for a new name. The situation in Germany (and other Western countries), however, is different. Here a correct and helpful understanding of the disease is hampered by the deeply rooted belief in split personalities. Although this misconception also represents a culture related stereotype, it is closely linked to the wording of the term. It has a considerable tradition of its own and is presumably not easily altered. Hence, if it is desired to loosen the association between schizophrenia and split personality in Western countries, looking for a less ambiguous illness denomination could well remain a promising way.

However, it is not clear whether challenging this stereotype would indeed benefit schizophrenia patients. Linking labels to stereotypes is one step in the stigma process that we have examined in some detail in this paper. For the patients, however, the relevant outcome is the final component of this process, the degree of discrimination and status loss they experience [18], which we did not evaluate in this study. Against the background of our findings in Novosibirsk, however, the image of a split personality still appears less discriminating. An optimistic interpretation of our results could thus argue that split per-

sonality does not implicate negative attributes like violence and unpredictability. It could instead connect with literature or even with comedy, provoking curiosity rather than fear and denoting something very different from a severe disease. A pessimistic view, in contrast, would be that although those well educated associate split personality with schizophrenia, this nevertheless denotes unpredictability and dangerousness and represents only a more sophisticated conceptualization of the very same stereotypes.

■ Limitations

Some limitations of our study need discussion. First, the population of Novosibirsk is not representative for the whole of Russia, and this also applies for the respondents in the large cities in relation to the whole of Germany. However, our qualitative data is likely to reflect true differences between both countries, and we have thus frequently referred to Russia and Germany throughout our paper to make it more reader friendly. Second, when coding the answers to the open question, a researcher bias might have been introduced. To minimize this, we tested the reliability of our coding system with satisfactory results. The considerable differences found in the popular representation of schizophrenia justify our approach, because an attempt to capture the public understanding of schizophrenia by a pre-selection of answer possibilities in closed questions would most likely have distorted the results. Third, because attitude research has a very short tradition in Russia, the interview situation was certainly less familiar to respondents in Novosibirsk than in Germany. This probably accounts for the higher number of responses to our question in Novosibirsk, which indicates that answers were thorough and detailed. Finally, the qualitative data we report is particularly vulnerable to distortions when being translated between languages, and the necessary translation of the material from Russian and German into English is likely to have blurred some linguistic nuances. We have tried to minimize translation bias by closely involving German, Russian and English native speakers at all stages of the study.

Conclusion

The cross-cultural comparison of public associations with the word schizophrenia revealed that cultural particularities do impact considerably the stereotypes the public links to a psychiatric label. The concept of split personality in schizophrenia is seemingly a Western phenomenon especially popular among those well educated. The question remains whether challenging this stereotype would necessarily reduce discrimination and status loss of schizophrenia patients.

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